

Exhibit 25

Plaintiffs' Corrected Averment of Jurisdictional Facts and Evidence
and/or Statement of Facts as to Defendant Al Rajhi Bank
Pursuant to Rule 56.1

1994 ANNUAL REPORT

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

PAGE 1 OF 2

CORPORATION ID: 0244665-6

☐ CORPORATION NAME
SAAR FOUNDATION, INC., THE☒ REGISTERED AGENT DIR
DR. HISHAM ALTALIB
555 GROVE STREET, SUITE 200
HERNDON, VA 22070

Al Rajhi Exhibit

ARB 57

9/28/23 Carrie Campbell, RDR

exhibitclicker.com

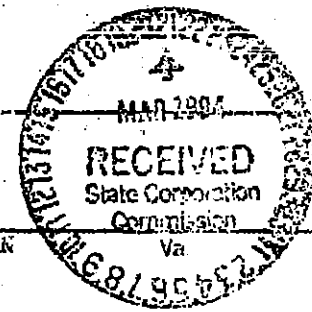
☒ STATE OR COUNTRY OF INCORPORATION:
VIRGINIA☒ CITY OR COUNTY (IN VIRGINIA):
OF THE REGISTERED OFFICE:
FAIRFAX COUNTY☒ STOCK INFORMATION

CLASS AUTHORIZED

INSTRUCTIONS FOR FILLING OUT THE ANNUAL REPORT ARE ON THE REVERSE SIDE OF THIS FORM.

USE THE AREA BELOW TO WRITE CORRECTIONS
PLEASE TYPE OR PRINT IN BLACK INK.

<input checked="" type="checkbox"/> ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE				<input checked="" type="checkbox"/> ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE			
THE SAAR FOUNDATION INC 555 GROVE ST STE 200 HERNDON, VA 22070							
<input checked="" type="checkbox"/> PRINCIPAL OFFICERS AND DIRECTORS				<input checked="" type="checkbox"/> PRINCIPAL OFFICERS AND DIRECTORS			
NAME	TITLE	DEPUTY	OFFICER	NAME	TITLE	DEPUTY	OFFICER
1. AHMED M TOTORJI	PRESIDENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. JAMAL BARZINJI	CHAIRMAN/DIRECTOR	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS 12015 LEESBURG PK				ADDRESS 11919 SAFA COURT			
CITY-ST-ZIP HERNDON VA 22070				CITY-ST-ZIP HERNDON VA 22070			
2. M Y MIRZA	VICE PRESIDENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. AHMED M. TOTORJI	PRESIDENT/DIRECTOR	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS 11922 SAFA CT				ADDRESS 12015 LEESBURG PIKE			
CITY-ST-ZIP HERNDON VA 22070				CITY-ST-ZIP HERNDON VA 22070			
3. JAMAL BARZINJI	SECRETARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. ABDULHAKID ABUSULAYMAN	DIRECTOR	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS 11919 SAFA CT				ADDRESS 1101 SAFA COURT			
CITY-ST-ZIP HERNDON VA 22070				CITY-ST-ZIP HERNDON VA 22070			
4. HISHAM ALTALIB	TREASURER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. HISHAM ALTALIB	TREASURER/ASST. SECRETARY/DIRECTOR	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS 11928 SAFA CT				ADDRESS 11926 SAFA COURT			
CITY-ST-ZIP HERNDON VA 22070				CITY-ST-ZIP HERNDON VA 22070			
5. ABULHAMID ABUSULAYMAN	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. M. YACUB MIRZA	VICE PRESIDENT/SECRETARY/DIRECTOR	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS 1101 SAFA ST				ADDRESS 11922 SAFA COURT			
CITY-ST-ZIP HERNDON VA 22070				CITY-ST-ZIP HERNDON VA 22070			
6. SALIM AL-ABDULAZIZ	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. MOHAMMAD JAGHLIT	DIRECTOR	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS 555 GROVE ST				ADDRESS 11921 SAFA COURT			
CITY-ST-ZIP HERNDON VA 22070				CITY-ST-ZIP HERNDON VA 22070			



I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND THAT NONE OF IT IS FALSE IN ANY MATERIAL RESPECT.

 SIGNED BY _____ TITLE SECRETARY
 SIGNED BY _____
 SIGNED BY _____

DATE MARCH 16, 1994

PRINTED NAME _____

ANNUAL REPORT 2007

CONTINUATION

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSIONCORPORATION NAME:
SAAR FOUNDATION, INC., THE

CORPORATION ID: 0244865-6

PAGE 2 OF 2

PRINCIPAL OFFICERS AND DIRECTORS				DELETE	OFFICER	DIRECTOR	PRINCIPAL OFFICERS AND DIRECTORS				CHANGES	REVISIONS	OFFICER	DIRECTOR
NAME	7. ABDULLAH S. AL-ABDULAZIZ			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAME	7.						
TITLE	DIRECTOR			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TITLE							
ADDRESS	11915 SAFA COURT						ADDRESS							
CITY-ST-ZIP	HERNDON VA 22070						CITY-ST-ZIP							
NAME	8. SALIH NUSSYYIN			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAME	8.						
TITLE	DIRECTOR			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TITLE							
ADDRESS	12015 LEESBURG PIKE						ADDRESS							
CITY-ST-ZIP	HERNDON VA 22070						CITY-ST-ZIP							
NAME	9. ABDULLA ZAYID			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAME	9.						
TITLE	DIRECTOR			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TITLE							
ADDRESS	555 GROVE ST						ADDRESS							
CITY-ST-ZIP	HERNDON VA 22070						CITY-ST-ZIP							
NAME				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME							
TITLE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TITLE							
ADDRESS							ADDRESS							
CITY-ST-ZIP							CITY-ST-ZIP							
NAME				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME							
TITLE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TITLE							
ADDRESS							ADDRESS							
CITY-ST-ZIP							CITY-ST-ZIP							
NAME				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME							
TITLE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TITLE							
ADDRESS							ADDRESS							
CITY-ST-ZIP							CITY-ST-ZIP							
NAME				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME							
TITLE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TITLE							
ADDRESS							ADDRESS							
CITY-ST-ZIP							CITY-ST-ZIP							
NAME				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME							
TITLE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TITLE							
ADDRESS							ADDRESS							
CITY-ST-ZIP							CITY-ST-ZIP							

CORPORATE ID
J214665-6

ANNUAL REPORT

REPORT DATE
1993

DO NOT WRITE IN SHADED AREAS. INSTRUCTIONS ON BACK OF THIS FORM.

1) CORPORATE NAME: SAAR FOUNDATION, INC., THE

2) STATE OR COUNTRY OF INCORPORATION:

VIRGINIA

3) REGISTERED AGENT:

4) CITY OR COUNTY IN PRESENCE OF THE AGENT: FAIRFAX COUNTY

DR. HISHAM ALTALIB
555 GROVE STREET, SUITE 200
HERNDON VA 22070-4705

DIRECT

IF REGISTERED AGENT OR OFFICE ADDRESS HAS
CHANGED, PLEASE CHECK THIS BOX.

APPROPRIATE FORM WILL BE SENT

INSTRUCTIONS FOR FILLING OUT THE ANNUAL REPORT
ARE ON THE REVERSE SIDE OF THIS FORM.

↓ CHANGES/ADDITIONS ↓

USE THE AREA BELOW TO WRITE CORRECTIONS.
PLEASE TYPE OR PRINT USING BLACK INK.

5) STOCK INFORMATION

CLASS	AUTHORIZED	CLASS	AUTHORIZED

6) ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE

THE SAAR FOUNDATION INC
555 GROVE ST STE 200
HERNDON, VA 22070

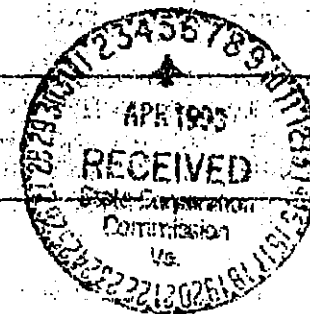
6) ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE

7) PRINCIPAL OFFICERS AND DIRECTORS

NAME	OFFICE	DIRECTOR
NAME 1 TITLE ADDRESS CITY-ST-ZIP		
NAME 2 TITLE ADDRESS CITY-ST-ZIP		
NAME 3 TITLE ADDRESS CITY-ST-ZIP		
NAME 4 TITLE ADDRESS CITY-ST-ZIP		
NAME 5 TITLE ADDRESS CITY-ST-ZIP		
NAME 6 TITLE ADDRESS CITY-ST-ZIP		

7) PRINCIPAL OFFICERS AND DIRECTORS

NAME	OFFICE	DIRECTOR
NAME 1 TITLE ADDRESS CITY-ST-ZIP		
NAME 2 TITLE ADDRESS CITY-ST-ZIP		
NAME 3 TITLE ADDRESS CITY-ST-ZIP		
NAME 4 TITLE ADDRESS CITY-ST-ZIP		
NAME 5 TITLE ADDRESS CITY-ST-ZIP		
NAME 6 TITLE ADDRESS CITY-ST-ZIP		



I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND THAT NONE OF IT IS FALSE IN ANY MATERIAL RESPECT.

SIGNED

[Signature]

TITLE VICE PRESIDENT

DATE FEBRUARY 5, 1993

PRINTED NAME: HISHAM ALTALIB

MUST BE SIGNED BY ANY OFFICER OR DIRECTOR LISTED ON THIS FORM.

COMMONWEALTH OF VIRGINIA - STATE CORPORATION COMMISSION

CORPORATION ID: 0244505-6

REPORT DATE: 1993

24/2 ANNUAL REPORT - CONTINUATION

0 9 3 1 2 1 2 0 1

PRINCIPAL OFFICERS AND DIRECTORS

DELETE OFFICER DIRECTOR

PRINCIPAL OFFICERS AND DIRECTORS

CORPORATION ID

CITY-STATE-ZIP

NAME 7 ABDULLAH S AL-ABOULAZIZ

TITLE DIRECTOR

ADDRESS 11919 SAFA COURT

CITY-STATE-ZIP HERNDON VA 22070

NAME 8 SULAYMAN A AL-SALIH

TITLE DIRECTOR

ADDRESS 11919 SAFA COURT

CITY-STATE-ZIP HERNDON VA 22070

NAME 9 SAITH HUSSYVIN

TITLE DIRECTOR

ADDRESS 12015 LEESBURG PIKE

CITY-STATE-ZIP HERNDON VA 22070

NAME 10 ABDULLA ZAYID

TITLE DIRECTOR

ADDRESS 555 GROVE ST

CITY-STATE-ZIP HERNDON VA 22070

NAME 11

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 12

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 13

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 14

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 15

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 16

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 17

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 7

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 8

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 9

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 10

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 11

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 12

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 13

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 14

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 15

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 16

TITLE

ADDRESS

CITY-STATE-ZIP

NAME 17

TITLE

ADDRESS

CITY-STATE-ZIP

CORPORATE ID
0244665-6

ANNUAL REPORT

REPORT DATE
1992

DO NOT WRITE IN SHADED AREAS. INSTRUCTIONS ON BACK OF THIS FORM.

CORPORATE NAME: SAAR FOUNDATION, INC., THE

STATE OR COUNTRY OF INCORPORATION:

VIRGINIA

REGISTERED AGENT:

DR. HISHAM ALTALIB
555 GROVE STREET, SUITE 200
HERNDON, VA 22070CITY OR COUNTY (IN VIRGINIA) OF THE REGISTERED OFFICE:
FAIRFAX COUNTY

DIRECT

INSTRUCTIONS FOR FILLING OUT THE ANNUAL REPORT
ARE ON THE REVERSE SIDE OF THIS FORM.

CHANGES/ADDITIONS

USE THE AREA BELOW TO WRITE CORRECTIONS.
PLEASE TYPE OR PRINT USING BLACK INK.

STOCK INFORMATION

CLASS	AUTHORIZED	CLASS	AUTHORIZED

ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE

THE SAAR FOUNDATION INC
555 GROVE ST STE 200
HERNDON, VA 22070

ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE

PRINCIPAL OFFICERS AND DIRECTORS

DELETE OFFICER DIRECTOR

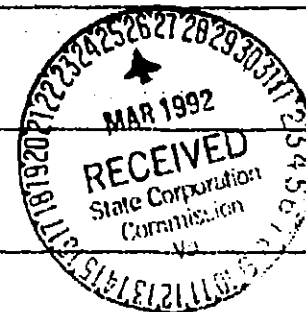
NAME 1	AHMED M TOTONJI			
TITLE	PRESIDENT		X	X
ADDRESS	12015 LEESBURG PK			
CITY-ST-ZIP	HERNDON VA 22070			
NAME 2	M Y MIRZA			
TITLE	VICE PRESIDENT		X	
ADDRESS	11922 SAFA CT			
CITY-ST-ZIP	HERNDON VA 22070			
NAME 3	JAMAL BARZINJI			
TITLE	SECRETARY		X	X
ADDRESS	11919 SAFA CT			
CITY-ST-ZIP	HERNDON VA 22070			
NAME 4	HISHAM ALTALIB			
TITLE	TREASURER		X	X
ADDRESS	11926 SAFA CT			
CITY-ST-ZIP	HERNDON VA 22070			
NAME 5	ABDULHAMID ABUSULAYMAN			
TITLE	DIRECTOR			X
ADDRESS	1101 SAFA ST			
CITY-ST-ZIP	HERNDON VA 22070			
NAME 6	SALIM AL-ABDULAZIZ			
TITLE	DIRECTOR			X
ADDRESS	555 GROVE ST			
CITY-ST-ZIP	HERNDON VA 22070			

PRINCIPAL OFFICERS AND DIRECTORS

CHANGES/ADDITIONS

OFFICER DIRECTOR

NAME 1			
TITLE			
ADDRESS			
CITY-ST-ZIP			
NAME 2			
TITLE			
ADDRESS			
CITY-ST-ZIP			
NAME 3			
TITLE			
ADDRESS			
CITY-ST-ZIP			
NAME 4			
TITLE			
ADDRESS			
CITY-ST-ZIP			
NAME 5			
TITLE			
ADDRESS			
CITY-ST-ZIP			
NAME 6			
TITLE			
ADDRESS			
CITY-ST-ZIP			



I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND THAT NONE OF IT IS FALSE IN ANY MATERIAL RESPECT.

SIGNED
THIS RE

TITLE VICE PRESIDENT

DATE 3/24/92

PRINTED NAME M. YAQUB MIRZA

MUST BE SIGNED BY ANY OFFICER OR DIRECTOR LISTED ON THIS FORM.

5-000012110

COMMONWEALTH OF VIRGINIA - STATE CORPORATION COMMISSION

CORPORATE ID. 0244665-6

REPORT DATE 1992

2/2 ANNUAL REPORT - CONTINUATION

0 9 2 2 3 4 7 7 8

71 PRINCIPAL OFFICERS AND DIRECTORS				72 PRINCIPAL OFFICERS AND DIRECTORS			
NAME	TITLE	ADDRESS	CITY-ST-ZIP	NAME	TITLE	ADDRESS	CITY-ST-ZIP
NAME 7	ABDULAH S AL-ABDULAZIZ			NAME 7			
TITLE	DIRECTOR			TITLE			
ADDRESS	11919 SAFA COURT			ADDRESS			
CITY-ST-ZIP	HERNDON VA 22070			CITY-ST-ZIP			
NAME 8	SULAYMAN A AL-SALIH			NAME 8			
TITLE	DIRECTOR			TITLE			
ADDRESS	11919 SAFA COURT			ADDRESS			
CITY-ST-ZIP	HERNDON VA 22070			CITY-ST-ZIP			
NAME 9	SALIH HUSSYIN			NAME 9			
TITLE	DIRECTOR			TITLE			
ADDRESS	12015 LEESBURG PIKE			ADDRESS			
CITY-ST-ZIP	HERNDON VA 22070			CITY-ST-ZIP			
NAME 10	ABDULIA ZAYID			NAME 10			
TITLE	DIRECTOR			TITLE			
ADDRESS	555 GROVE ST			ADDRESS			
CITY-ST-ZIP	HERNDON VA 22070			CITY-ST-ZIP			
NAME 11				NAME 11			
TITLE				TITLE			
ADDRESS				ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
NAME 12				NAME 12			
TITLE				TITLE			
ADDRESS				ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
NAME 13				NAME 13			
TITLE				TITLE			
ADDRESS				ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
NAME 14				NAME 14			
TITLE				TITLE			
ADDRESS				ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
NAME 15				NAME 15			
TITLE				TITLE			
ADDRESS				ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
NAME 16				NAME 16			
TITLE				TITLE			
ADDRESS				ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
NAME 17				NAME 17			
TITLE				TITLE			
ADDRESS				ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

COMMONWEALTH OF VIRGINIA — STATE CORPORATION COMMISSION

ANNUAL REPORT

REPORT DATE
1991

0 0 1 1 2 0 0 1

DO NOT WRITE IN SHADED AREAS. INSTRUCTIONS ON BACK OF THIS FORM.

CORPORATE NAME SAAR FOUNDATION, INC., THE

[2] STATE OR COUNTRY OF INCORPORATION
VIRGINIA[3] CITY OR COUNTY (IN VIRGINIA) OF THE REGISTERED OFFICE
FAIRFAX COUNTY

REGISTERED AGENT

DR. NISHAM ALTALIB

555 GROVE STREET, SUITE 200

HERNDON, VA 22070

DIRECT

INSTRUCTIONS FOR FILING OF THE ANNUAL REPORT ARE ON THE REVERSE SIDE OF THIS FORM.

CORRECTIONS

USE THE AREA BELOW TO WRITE CORRECTIONS.
PLEASE TYPE OR PRINT USING BLACK INK.

STOCK INFORMATION

CLASS

AUTHORIZED

CLASS

AUTHORIZED

ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE

THE SAAR FOUNDATION INC

555 GROVE ST STE 200

HERNDON, VA 22070

[6] ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE

PRINCIPAL OFFICERS AND DIRECTORS

NAME	TITLE	ADDRESS	CITY-ST-ZIP	OFFICER	DIRECTOR
1. ARNE H. TORRELL	PRESIDENT	12015 LEEBURD PK	HERNDON VA 22070	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. H Y RYZZA	VICE PRESIDENT	31922 SAFA CT	HERNDON VA 22070	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. JAMAL BAZZINI	SECRETARY	11919 SAFA CT	HERNDON VA 22070	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. NISHAM ALTALIB	TREASURER	11026 SAFA CT	HERNDON VA 22070	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. ARNE H. TORRELL	DIRECTOR	1101 SAFA CT	HERNDON VA 22070	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. JAMAL BAZZINI	DIRECTOR	11026 SAFA CT	HERNDON VA 22070	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[7] PRINCIPAL OFFICERS AND DIRECTORS

NAME	TITLE	ADDRESS	CITY-ST-ZIP
1.			
2.			
3.			
4.			
5.			
6.			



I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND THAT NONE OF IT IS FALSE IN ANY MATERIAL RESPECT.

TITLE Vice President

DATE 3/21/91

PRINTED NAME N. Nisham Altalib

I CERTIFY THAT THE OFFICER OR DIRECTOR LISTED ON THIS FORM

ANNUAL REPORT — CONTINUATION

OFFICER		DIRECTOR		PRINCIPAL OFFICERS AND DIRECTORS	
NAME 7	ABDULLA ZAYED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAME	
TITLE	RECEIVED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TITLE	
ADDRESS	1000 PINE ST			ADDRESS	
CITY-STATE-ZIP	HERNDON VA 22070			CITY-STATE-ZIP	
NAME 8		<input type="checkbox"/>	<input type="checkbox"/>	NAME 8	Sulayman A. Al-Salih
TITLE		<input type="checkbox"/>	<input type="checkbox"/>	TITLE	Director
ADDRESS				ADDRESS	P.O. Box 28
CITY-STATE-ZIP				CITY-STATE-ZIP	Riyadh, Saudi Arabia
NAME 9		<input type="checkbox"/>	<input type="checkbox"/>	NAME 9	Abdullah S. Al-Abdulaziz
TITLE		<input type="checkbox"/>	<input type="checkbox"/>	TITLE	Director
ADDRESS				ADDRESS	11919 Safa Court
CITY-STATE-ZIP				CITY-STATE-ZIP	Herndon, VA 22070
NAME 10		<input type="checkbox"/>	<input type="checkbox"/>	NAME 10	Salih Hussyyin
TITLE		<input type="checkbox"/>	<input type="checkbox"/>	TITLE	Director
ADDRESS				ADDRESS	12015 Leesburg Pike
CITY-STATE-ZIP				CITY-STATE-ZIP	Herndon, VA 22070
NAME 11		<input type="checkbox"/>	<input type="checkbox"/>	NAME 11	
TITLE		<input type="checkbox"/>	<input type="checkbox"/>	TITLE	
ADDRESS				ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
NAME 12		<input type="checkbox"/>	<input type="checkbox"/>	NAME 12	
TITLE		<input type="checkbox"/>	<input type="checkbox"/>	TITLE	
ADDRESS				ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
NAME 13		<input type="checkbox"/>	<input type="checkbox"/>	NAME 13	
TITLE		<input type="checkbox"/>	<input type="checkbox"/>	TITLE	
ADDRESS				ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
NAME 14		<input type="checkbox"/>	<input type="checkbox"/>	NAME 14	
TITLE		<input type="checkbox"/>	<input type="checkbox"/>	TITLE	
ADDRESS				ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
NAME 15		<input type="checkbox"/>	<input type="checkbox"/>	NAME 15	
TITLE		<input type="checkbox"/>	<input type="checkbox"/>	TITLE	
ADDRESS				ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
NAME 16		<input type="checkbox"/>	<input type="checkbox"/>	NAME 16	
TITLE		<input type="checkbox"/>	<input type="checkbox"/>	TITLE	
ADDRESS				ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
NAME 17		<input type="checkbox"/>	<input type="checkbox"/>	NAME 17	
TITLE		<input type="checkbox"/>	<input type="checkbox"/>	TITLE	
ADDRESS				ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	